

Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1078.

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) Washington, Lafonza E.			D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ADDRESS (street, route, P.O. Box, APO/FPO) 7010 Cranwood Drive			E DEPOSITOR ACCOUNT NUMBER
CITY Flint	STATE MI	ZIP CODE 48505	F TYPE OF PAYMENT (Check only one) <input type="radio"/> Social Security <input type="radio"/> Fed. Salary/Mil. Civilian Pay <input type="radio"/> Supplemental Security Income <input type="radio"/> Mil. Active <input type="radio"/> Railroad Retirement <input type="radio"/> Mil. Retire <input type="radio"/> Civil Service Retirement (OPM) <input type="radio"/> Mil. Survivor <input type="radio"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other <u>11 USC § 502 (a)</u> (specify)
B NAME OF PERSON(S) ENTITLED TO PAYMENT Lafonza Earl Washington			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE N/A AMOUNT N/A
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
SIGNATURE <u>Lafonza Earl Washington</u>	DATE 09/28/06	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK CLERK'S OFFICE	GOVERNMENT AGENCY ADDRESS ATTENTION: ANATIN APPEALS AND JUDGMENT DEPT. ONE BOWLING GREEN NEW YORK, NY 10004
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
		DEPOSITOR ACCOUNT TITLE	
FINANCIAL INSTITUTION CERTIFICATION			

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
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Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

DISTRIBUTION: 1) Government 2) Bank 3) Customer

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JPMORGAN CHASE
FLINT, MI 48502